

JFW



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/717,123	
	Filing Date	November 19, 2003	
	First Named Inventor	Carl M. Edwards	
	Art Unit	2862; Confirmation No.: 7299	
	Examiner Name	N/A	
Total Number of Pages in This Submission	3	Attorney Docket Number	584-26801-US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
Remarks The Commissioner is hereby authorized to charge any additional fees or credit any overpayments to Deposit Account No. 02-0429 (584-26801-US)		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Kaushik P. Sriram, Reg. No. 43,150	
Signature		
Date	June 28, 2004	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Beth Pearson-Naul	
Signature		Date June 28, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Carl M. Edwards	§	Group Art Unit: 2862
	§	
SERIAL NO.: 10/717,123	§	
	§	Examiner: Not Assigned
FILED: November 19, 2003	§	
	§	
TITLE: "Azimuthal NMR Imaging of Formation Properties From a Wellbore"	§	Confirmation No.: 7299
	§	
	§	Atty Docket No.: 584-26801-US

MS: DD
Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Dear Sir:

In compliance with the duty of disclosure under 37 C.F.R. § 1.56, it is respectfully requested that this Information Disclosure Statement be entered and the references listed on the attached Form PTO-1449 be considered by the Examiner and made of record.

This Information Disclosure Statement is not to be considered as a representation that a search has been made or that no other material information as defined under 37 C.F.R. § 1.56(a) exists. The information disclosure statement submitted herewith is being filed before the mailing date of the first office action for this application.

The Commissioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No. 02-0429 (584-26801-US).

Respectfully submitted,

Dated: June 28, 2004

Kaushik P. Sriram, Reg. No. 43,150
Madan, Mossman & Sriram, P.C.
2603 Augusta, Suite 700
Houston, Texas 77057
Telephone: (713) 266-1130
Facsimile: (713) 266-8510

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this paper, along with any referred to as being attached or enclosed, is being forwarded to MS DD, Commissioner for Patents, Alexandria, Virginia 22313-1450, via the United States Postal Service, First Class Mail, prepaid on the 28th day of June, 2004.

By:
Beth Pearson-Naul



FORM - 1449

SHEET 1

OF 1

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (Use several sheets if necessary)	ATTY. DOCKET NO. 584-26801-US	SERIAL NO. 10/717,123
	APPLICANT Carl M. Edwards	
	FILING DATE November 19, 2003	GROUP / CONFIRMATION 2862 / 7299

U.S. PATENT DOCUMENTS

*EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
	AA	3,124,741	03/64	J. J. Primas	325	.5	04/62
	AB	4,307,343	12/81	Likes	324	307	08/79
	AC	6,291,995	09/01	Speier et al.	324	303	11/98
	AD	6,429,654	08/02	Itskovich et al.	324	314	09/00
	AE						
	AF						
	AG						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	PUBL. DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION YES/NO	
	AH							
	AI							
	AJ							

OTHER DISCLOSURES (Including Author, Title, Date, Pertinent Pages of Publication, Etc.)

	AK	
	AL	
	AM	

EXAMINER

DATE CONSIDERED

*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next comment to applicant